

JH

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

9-1-16
SEP 01 2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Braulio Portes

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart

Lt. Andrew Wodarczyk

Sheriff Bibbs

JANE DOE

JOHN DOE

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Braulio Portes
- B. List all aliases: _____
- C. Prisoner identification number: 20160406217
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Sheriff
Place of Employment: Cook County Department of Corrections
- B. Defendant: Andrew Wodarczyk
Title: Sheriff Lieutenant
Place of Employment: Cook County Department of Corrections
- C. Defendant: Bibbs
Title: Sheriff Correctional Officer
Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Wednesday, June 29 2016, I was at the Psyc Court Unit on the 10th Floor of the Criminal Court Building. Between 11am - 11:45am, as I was waiting for a mental evaluation, I noticed a detainee in a orange Protective Custody (PC) uniform inside a closed cage. I noticed him playing with the door that it suddenly opened, at which time he came towards me and attacked. This detainee began striking me with his fist and feet, although I was trying to protect myself from getting hurt this detainee was able to cause injury. I suffered scratches on my right side of my face, a black eye, bloody nose due to it being broken. Sheriff Bibbs who was on duty took me to Cermak to be seen by medical personnel. The Doctor repositioned my nose back into place and I had x-rays completed. My nose is still crooked. After speaking to another detainee named Bret Nivinski

#20160206021 who used to live on my tier, he told me about another incident occurring on 6-15-16 involving the same cage door with another detainee where he, also, got the door opened and began arguing with the sheriff about it. I did file a grievance about this matter so that the cage door can get fixed because had this cage door been fixed before hand, I would not have gotten a broken nose or trauma.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

Victims attacker was arrested and charged accordingly under CR#16-573834. A work order was submitted on 18JUN16 to have the broken gate repaired under #TWGT915

Lt. Andrew Wodarczyk #529
Criminal Court Building
2650 S. California
Chicago, IL 60608

INMATE COPY



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Portes

PRINT - FIRST NAME (Primer Nombre):

Braulio

INMATE BOOKING NUMBER (# de identificación del detenido)

20160406217

DIVISION (División):

10

LIVING UNIT (Unidad):

28

DATE (Fecha):

6-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

6-29-16

TIME OF INCIDENT (Hora Del Incidente)

11am - 11:45am

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

10th Floor Criminal Court Building

While waiting for a Mental Evaluation, I noticed a detainee wearing a PC uniform inside a cage. I noticed him playing with the door that somehow opened, then he came towards me and began striking me. I was trying to protect myself but the PC detainee was able to injure my face. After that I was taken to Cermak. I suffered scratches, a black eye, bloody nose due to my nose being broken and crooked. The Doctor repositioned my nose into place and I had X-rays completed. My nose is currently crooked.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I'd like to file a lawsuit on the PC detainee and the CCDs. The sheriffs could have stopped the fight sooner and I would have had less injuries on my face.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Gibbs (co)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Braulio Portes 6-29-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Maceo

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

7-1-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Portes

PRINT - FIRST NAME (Primer Nombre):

Braulio

INMATE BOOKING NUMBER (# de identificación del detenido)

20160406217

DIVISION (División):

10

LIVING UNIT (Unidad):

2B

DATE (Fecha):

6-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

6-29-16

TIME OF INCIDENT (Hora Del Incidente)

11am - 11:45 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

10th Floor Criminal Court Building

After speaking to detainee Brett Nivinski #20160206021 who lives on my tier, He explained that an incident occurred on 6-15-16 involving the same cage door where a detainee got the door opened and began arguing with a sheriff. I believe if that specific door cage had it repaired or previously fix, or looked at, I would not have been a victim of an attack by another detainee getting a broken nose and face injuries. I signed documents to press charges however the sheriff is responsible for my safety and failed in providing such safety by not looking or repairing the door making it easy for a detainee to cause harm.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Action: Request - The door for the cage to be looked into, fixed, or repaired so that this incident does not occur again, and to be seen by a Therapist to discuss the incident because I now find myself paranoid & Trained.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Inmate Brett Nivinski 20160206021

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

B. Nivinski 6-29-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

M. P. P.

SIGNATURE:

M. P. P.

DATE CRW/PLATOON COUNSELOR RECEIVED:

7-1-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

733593



GRIEVANCE



NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20165539

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Portes

INMATE FIRST NAME (Primer Nombre):

Braulio

ID Number (# de identificación):

20160406217

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

110 Inmate on Inmate (Physical)

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Court Services Admin

DATE REFERRED:

7/1/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Per Court Services Admin - See Attached

PERSONNEL RESPONDING TO GRIEVANCE (Print):

B. Hubbs

SIGNATURE:

B. Hubbs

DIV. / DEPT.:

IS

DATE:

7/6/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

1/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

X [Signature]

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

7/7/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)



No



ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelacion):

BRAULIO Portes
20160406217
-84H --D6-3

P.O. Box 089002
Chicago IL 60608

2016 SEP -1 AM 11:14 ^{YS}

United States District Court
219 S. DEARBORN
STREET, CHICAGO, IL
60604

1:16-cv-8631
Judge Ruben Castillo
Magistrate Judge Susan E. Cox
PC11

